



Patent Application No.: 09/722,587
Attorney Docket No.: 58763.000003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Of:)
Jean François BLOCH et al.) Group Art Unit: 1636
Application Number: 09/722,587) Examiner: James S. Ketter
Filed: November 28, 2000)
For: PROCESS FOR DETERMINATION OF THE ACTIVITY OF A SUBSTANCE
USING AN IN VITRO FUNCTIONAL TEST

TRANSMITTAL LETTER

Mail Stop Non-Fee Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

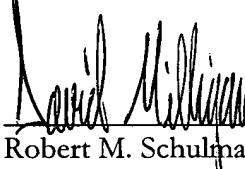
	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action mailed January 28, 2004	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: _____ Sheets _____ Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Petition for Three-Month Extension of Time	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED	\$

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims	24	29	0	x \$18.00	\$
Independent Claims	1	2	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
				TOTAL EXCESS CLAIMS FEE	\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

By:


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AMENDMENT UNDER 37 C.F.R. § 1.111

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action, mailed January 28, 2004 ("Office Action"), please amend
the above-application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks begin on page 8 of this paper.